

voestalpine CoatingsA Sales Division of
voestalpine High Performance Metal Ltd

Account Number: _____

2645 Meadowvale Blvd.
Mississauga, ON L5N 7Y4Telephone: 800 - 665 - 8335
Fax: 905 - 812 - 9231**Please Fax****Completed Application and
Tax Exempt Certificate to:****905 - 812 - 9231****APPLICATION FOR CREDIT***Please check all that apply:*

- Proprietorship Partnership Corporation F.E.I.N. # _____ (# required)
 Taxable Tax-Exempt (Please attach copy of your form **and** number or we must charge tax.)

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Ship To Address (If different from above): _____

City: _____ Province: _____ Postal Code: _____

Website Address: _____ Contact Email Address: _____

Officers, Partners, Owners

(1) Name: _____ Title: _____

(2) Name: _____ Title: _____

Person(s) Responsible for Payment

Controller: _____ Direct Line/Ext: _____

A/P Contact: _____ Direct Line/Ext: _____

Business References

Company Name: _____ Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email Address: _____

Company Name: _____ Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email Address: _____

Company Name: _____ Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email Address: _____

Company Industry Information

Industry: (e.g. Automotive, Recycling, Aerospace) Segment: (e.g. Cold Work, Hot Work, Plastic, Other)

Main : _____ Main : _____

Secondary : _____ Secondary : _____

Tertiary : _____ Tertiary : _____

Agreement (Signature Required Below)

The applicant agrees that the extension of credit shall be subject to the following:
Terms are that which are stated on the invoices. All amounts are due in accordance with stated terms. Past due balances are subject to an annual service charge of 18%. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant. The undersigned hereby authorizes the above named companies to release information requested on the applicant.

Authorized Signature_____
Title_____
Datevoestalpine
ONE STEP AHEAD.